

TAUPO DISTRICT COUNCIL RATES AUTOMATIC PAYMENT PLAN

BANK INSTRUCTIONS - TO THE MANAGER
PAYER [CUSTOMER] DETAILS

My bank is:

Branch:

Valuation Number

 This is a new authority

Branch address

 Replaces an existing authority for \$ _____

Name of account

	Bank	Branch No.	Account No.	Suffix
Account details	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

Please print the following details on my bank statement :

Particulars	Code	Reference
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	R A T E S <input style="width: 100%; height: 30px;" type="text"/>

FREQUENCY AND AMOUNT

Please start my payments on : Date: Continue until I cancel:

Tick Box: weekly fortnightly monthly other

Amount : Amount in words:

PAYEE DETAILS

Pay to the credit of: TAUPO DISTRICT COUNCIL
THE BANK OF NEW ZEALAND TAUPO BRANCH

Name of Account	Bank	Branch No.	Account No.	Suffix
T <input style="width: 20px; height: 20px;" type="text"/> D <input style="width: 20px; height: 20px;" type="text"/> C <input style="width: 20px; height: 20px;" type="text"/>	0 2 0 4 2 8	0 2 2 0 0 0 4	0 0	

Details to appear on payee's [Taupo District Council's] bank statement:

Particulars	Code	Reference
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	R A T E S <input style="width: 100%; height: 30px;" type="text"/>

AUTHORISATION

- 1 Please make this automatic payment as detailed by debiting my/our account.
- 2 I/We understand and accept that the bank accepts this authority only on the conditions overleaf.

Your signature[s]: Date:

CONDITIONS

- 1 The Bank will endeavour to effect such automatic payments without any responsibility or liability for any refusal or omission to make all or any of the payments or for late payment or for any omission to follow any such instructions. Further, the Bank accepts no responsibility or liability for the accuracy of the information contained in the payment information fields on this authority or for failure to transmit such information in the manner requested. In any event this authority is subject to any arrangement now or hereafter subsisting between myself/ourselves and the Bank in relation to my/our account.
- 2 The Bank may in its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority or cheque which I/we may now or hereafter give to the Bank or draw on my/our account.
- 3 This authority may be terminated or reduced without notice to me/us in respect of payment detailed over, by the Bank, or the payee.
- 4 This order will remain in full force and effect in respect of all payments made in good faith notwithstanding my/our death or bankruptcy or any other revocation of this order until notice of my/our death, bankruptcy or such revocation is received by the Bank.
- 5 All current Bank and government charges for this service in force from time to time are to be debited to my/our account.

ALTERATION TO FIXED AMOUNT

Please alter the fixed amount of this transfer.

As from	Fixed amount	Amount in words	Customer's signature
As from	Fixed amount	Amount in words	Customer's signature

FOR BANK USE ONLY

Date received:	Recorded by:	Checked by:
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[BANK
STAMP]